

# The Child Mental Health Treatment Act



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Office of Behavioral Health  
Department of Human Services

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## Today:

- Medicaid Children and CMHTA
- Non-Medicaid Children and CMHTA
- Child Welfare and CMHTA

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## What is the Child Mental Health Treatment Act?

- Other names: HB 1116 and SB 230
- **1. A treatment resource for families of eligible children**
- **2. An alternative to unwarranted child welfare involvement**
- **3. A family preservation and reunification program**



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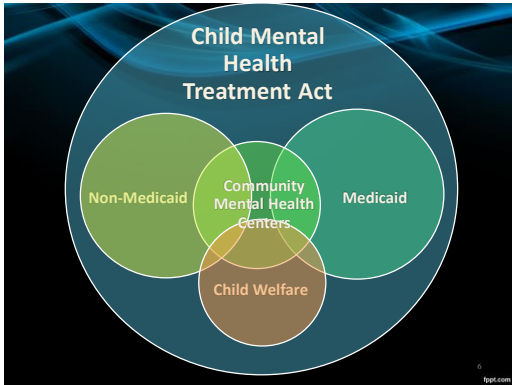
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- For the nine-year sample (n=364), 87.7% did not have child welfare interaction after CMHTA enrollment.
- Table 21. CMHTA Funded Children and Child Welfare Outcomes%
- No DCW Involvement Post CMHTA 87.7%
- In DCW Database Post CMHTA 12.3%

### MH Agency County Referrals

| Referring Agency   | Reason  | Action  |
|--|---|---|
| Community Mental Health Center (CMHC)                                  | 1. Suspected abuse or neglect   | 1. DHS completes an assessment<br>2. Meets with family and CMHC within 10 days              |
| County Department of Human Services (DHS) [19-3-308 (1.5) (b), C.R.S.] | 1. Family issues may be attributed to child's MH status rather than abuse and neglect.<br>2. CMHTA services may be more appropriate | 1. Parents still requests an evaluation<br>2. DHS meets with family and CMHC within 10 days |


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## Life Without CMHTA

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Insurance?

Social Services

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## CMHTA and Children with Medicaid

1. Access to an assessment for **residential** services only
  - Funded by Capitated Medicaid
  - The CMHTA program through OBH cannot directly provide funding for children with Medicaid
  - Family must ask for the assessment
  - Family does not need to say "CMHTA"

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## CMHTA and Children with Medicaid

1. Assessment
  - The BHO or mental health center must do a face to face assessment
2. Medical Necessity
  - Decided by HCPF and the BHO
  - CMHTA does not dictate or address medical necessity for children seeking residential treatment
  - EPSDT can play a large role in this process

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## Medicaid Denial

Denied

- Family is denied residential and notified with a letter

Initial Appeal

- Family can appeal to the agency (CMHC/BHO)

Then family can appeal to the state

- Family can appeal to the state: ALJ (binding) and/or CDHS ( 2<sup>nd</sup> Opinion)

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## Children with Private Insurance or no Insurance

- Access to an assessment for funding of community, residential, and transitional treatment services
  - Funded in part by General Fund, Tobacco dollars, and Medicaid (for residential) all through the Office of Behavioral Health
  - Parents pay a fee- sliding scale

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## Eligibility for CMHTA Funding

1. Private insurance or non-insured

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5. Has a Mental Illness

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6. Family has Custody

2. Birth to 17.99

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3. Not Medicaid eligible

4. No funder for treatment

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7. Without services the child is at risk of out of home placement

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## How to Access



- Each Mental Health Center has a CMHTA liaison
- Medicaid: can call Mental Health Center or BHO
- Only responsible person (parent) can request an assessment



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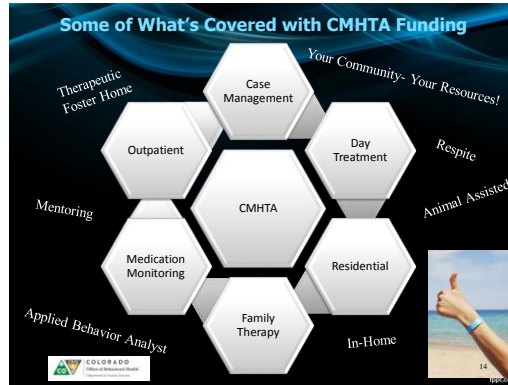
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## Assessment and Notification Time Frames

| Situation      | Time*                |
|----------------|----------------------|
| Emergent       | Within 6 hours       |
| Urgent         | Within 24 hours      |
| <u>Routine</u> | <u>Within 3 days</u> |

\*Notification may be extended to 14 days if the parent is in agreement

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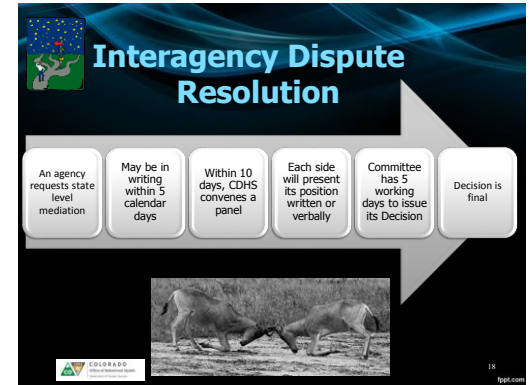
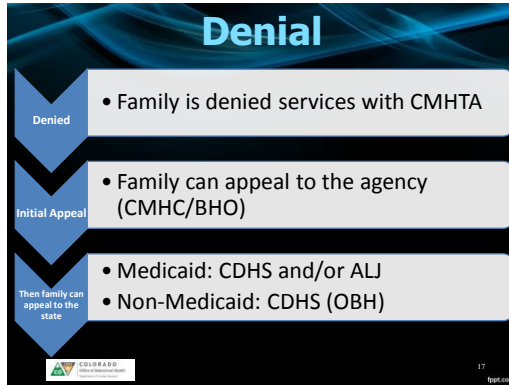
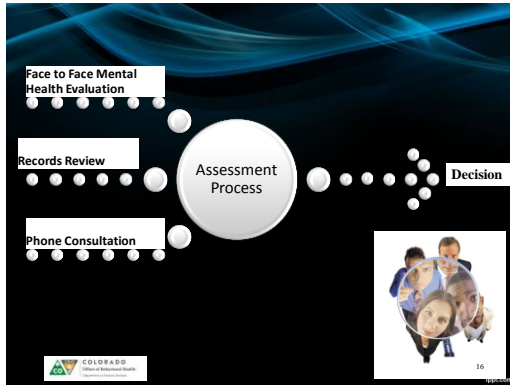
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**Additional Information  
Please Contact:**

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